



UPPER UWCHLAN TOWNSHIP  
POLICE DEPARTMENT

**REQUEST FOR INFORMATION**

*This form is to be completed by the requestor. If this form is not legible or not properly completed, it will not be processed. Before the issuance of any report, proof of identification must be provided. Those who are representatives of an organization shall provide proof of the organization they represent. All fees for records MUST be paid BEFORE the release of any reports.*

Accident Reports: \$15.00 fee (Waived for Upper Uwchlan Residents)

Incident Reports: \$.25/ page (Waived for Upper Uwchlan Residents)

Fees MUST BE PAID prior to release.

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_ Submitted By: ☐ Email ☐ Mail ☐ Fax ☐ In Person

Type of Request: ☐ Accident Report ☐ Incident Report ☐ Other

**INCIDENT INFORMATION**

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Location: \_\_\_\_\_

Brief description of Incident: \_\_\_\_\_

Incident Report # (if known): \_\_\_\_\_

**REQUESTOR INFORMATION — COPY OF ID MUST BE ATTACHED**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip, Township (**Required**) \_\_\_\_\_

Telephone (Optional) #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you want copies? ☐ Yes ☐ No Do you want Certified Copies? ☐ Yes ☐ No

Do you want to Inspect the Records: ☐ Yes ☐ No

Method of Release: ☐ Paper Copy ☐ U.S. Mail ☐ Fax ☐ Email

**\*\*FOR POLICE DEPARTMENT USE ONLY\*\***

Date Received:			
Date Due:			
Cost:	<input type="checkbox"/> \$0 – Resident	Cash <input type="checkbox"/> Check # _____	
	<input type="checkbox"/> \$15.00 – Accident	Rec'd By:	
	<input type="checkbox"/> ____ Pgs @ \$.25/pg = \$_____	Receipt Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Release Approved by:		Date:	
Released by:		Date:	
Type of Report Released	<input type="checkbox"/> Alert <input type="checkbox"/> Crash <input type="checkbox"/> Other		
Date Scanned into Alert			
Notes:			